FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 12/3725

OMB APPROVAL

OMB Number: 3232-0076 Expires: August 31, 1998 Estimated average burden hours per response 16.00

SEC USE ONLY						
Prefix		Serial				
DATE F	RECEIV	'ED				

Name of Offering: (□ check if this is an amendment and name has changed, and indicate change.) MP122009 L.L.C., an Arizona limited liability company	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ■ Rule 506 □ Section 4(6) □ ULOE	
MP122009 L.L.C., an Arizona limited liability company Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ■ Rule 506 □ Section 4(6) □ ULOE Type of Filing: □ New Filing ■ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) MP122009 L.L.C., an Arizona limited liability company Address of Executive Offices (Number and Street, City, State, Zip Code) 55 East Thomas Road, Phoenix, Arizona 85012 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Brief Description of Business	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	03006858
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.)	
MP122009 L.L.C., an Arizona limited liability company	
	Telephone Number (Including Area Code) (602) 277-5626
	Telephone Number (Including Area Code) SAME
Brief Description of Business To acquire and/or make recourse and non-recourse loans to borrowers, which loans will be secured by first lier	or second lien deeds of trust on real property

initially located in the State of Arizona but may expand to real estate located in the states of Colorado, California and/or Nevada.

Type of Business Organization

□ corporation
□ limited partnership, already formed
□ business trust
□ limited partnership, to be formed
□ limited liability company

Month

MAR 0 7 2003

Actual or Estimated Date of Incorporation or Organization: 12

12 02

Year

(Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

FINANCIAL
Actual Estimate

Ζ

Α

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes, thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
 of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ■ Promoter □ Beneficial Owner □ Executive Officer □ Director ■ General and/or Managing Partner
Full Name (Last name first, if individual)
Mortgages, Ltd.
Business or Residence Address (Number and Street, City, State, Zip Code)
55 East Thomas Road, Phoenix, Arizona 85012
Check Box(es) that Apply: ■ Promoter □ Beneficial Owner ■ Executive Officer ■ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
Coles, Scott M.
Business or Residence Address (Number and Street, City, State, Zip Code)
55 East Thomas Road, Phoenix, Arizona 85012
Check Box(es) that Apply: ■ Promoter □ Beneficial Owner ■ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
Cordello, James J.
Business or Residence Address (Number and Street, City, State, Zip Code)
55 East Thomas Road, Phoenix, Arizona 85012
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	¥'				В. І	NFORM	ATION A	BOUT OF	FERING					
1	Hog the :		au de sa di										Yes N	lo.
1.	Has the is	ssuer sold,	or does th	e issuer in Answer a	tend to sell Ilso in App					ng?	•••••	•••••	ı	•
2.	What is the	he minimu	ım investm	ent that wi				_					\$50,000)
													Yes.	
3.				ownership										
4.	similar re an associ or dealer	muneratic ated perso . If more	n for solic n or agent than five	ed for each litation of p of a broken (5) persor dealer only	ourchasers r or dealer ns to be lis	in connect registered	tion with s with the S	ales of sec EC and/or	curities in to with a star	he offering te or states	g. If a per , list the n	son to be ame of the	listed is broker	
Full Nat N/A	ull Name (Last name first, if individual)													
	s or Reside	nce Addre	ess (Num	iber and St	treet, City,	State, Zij	Code)							
Name o N/A	f Associate	d Broker	or Dealer		<u> </u>									
	Which Pe									-				_
(Check	"All State	s" or chec	k individu	al States)									••••••	☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	. [NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nai	ne (Last N	ame first,	if individu	ıal)					,					
Busines N/A	s or Reside	nce Addre	ess (Num	ber and St	treet, City,	State, Zij	Code)							
Name o N/A	f Associate	d Broker (or Dealer											
	Which Pe													
(Check	"All State	s" or chec	k individu	al States)	••••••							••••••		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nat	ne (Last N	ame first,	if individu	ial)										
	s or Reside	nce Addre	ess (Num	iber and St	treet, City,	State, Zij	Code)							
Name o N/A	f Associate	d Broker	or Dealer						, -					
	Which Pe													
(Check	"All State	s" or chec	k individu	al States)							•••••			☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	exchanged. Type of Security		ggregate cring Price	Amo	ount Already Sold
	Debt	\$ <u>0</u>		\$ <u>0</u>	
	Equity (Limited Liability Company Membership Interests)	\$ <u>150</u>	0,000,000	\$ <u>3</u> ,	009,921.41_
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$ <u>0</u>		\$ <u>0</u>	
	Partnership Interests	\$ <u>0</u>		\$ <u>0</u>	
	Other (Specify)	\$ <u>0</u>		\$0	
	Total	\$ <u>150</u>	000,000,	·	009,921.41
	Answer also in Appendix, Column 3, if filing under ULOE.			· .	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		lumber ivestors	Dol	ggregate lar Amount Purchases
	Accredited Investors		29	\$ <u>3,</u>	009,921.41
	Non-accredited Investors		0	\$ <u>0</u>	
	Total (for filings under Rule 504 only)		N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by the type listed in Part C - Question 1. Type of offering		Type of ecurity	Dol	lar Amount Sold
	Rule 505		NI/A	¢	N/A
			N/A	\$	
	Regulation A		<u> </u>	\$	N/A
	Rule 504		N/A_	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	0	\$	0.00	·
	Printing and Engraving Costs		\$	0.00*	
	Legal Fees		\$	0.00*	
	Accounting Fees		\$	0.00	
	Engineering Fees		\$	0.00	
	Sales Commissions (specify finders' fees separately)	0	\$	0.00	
	Other Expenses (identify)		\$	0.00*	
	Total		\$	0.00*	

^{*}Initial offering expenses of approximately \$15,000 will be paid by the manager of the Issuer so that 100% of the offering proceeds will be available for investment loans. Such expenses will be reimbursed by the Issuer in 12 equal monthly installments, with interest at the rate of ten percent (10%).

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>150,000,000</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees (management fees included in working capital)	□ \$ <u>0.00*</u>	□ \$ <u>0.00</u>
Purchase of real estate	□ \$ <u>0.00</u>	5 0.00
Purchase rental or leasing and installation of machinery and equipment	□ \$ <u>0.00</u>	5 0.00
Construction or leasing of plant buildings and facilities	□ \$ 0.00	5 0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ <u>0.00</u>	<pre>\$ 0.00</pre>
Repayment of indebtedness	□ \$ <u>0.00</u>	□ \$ <u>0.00</u>
Working capital	□ \$ <u>0.00*</u>	5 0.00
Other (specify): Funding or Acquiring Loans	□ \$ 0.00	\$ 150,000,000

D. FEDERAL SIGNATURE

Column Totals

Total Payments Listed (column totals added)

□ \$ 0.00

□ \$<u>0.00</u>

□ \$ 0.00

\$ 150,000,000**

\$150,000,000

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
MP122009 L.L.C., an Arizona limited liability company	Colla	ン(プ) (93
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Cordello	Executive Vice President of Mortgages Ltd	l., Manager

^{*}It is anticipated that subsequent operating expenses of the Issuer will be paid out of interest income or, to the extent necessary, from repayment of principal on the loans. In addition, the Manager will receive a on-time organizational fee of \$15,000, which will be paid in 12 equal monthly installments.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

^{**}Assuming the Maximum Offering is sold, although the offering may close upon the sale of a minimum of \$500,000 in Interests.

	i,	E. STATE SIGNATURE			_
1.	Is any party described in 17 CF	R 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No	
		reasons processing subject to any or the disquarrentian processing or oder rate.		•	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
MP122009 L.L.C., an Arizona limited liability company	Costa Costa	≥ २७ (०३
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Cordello	Executive Vice President of Mortgages Ltd	1., Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX

1		2	3	4					5
	non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount pur (Part (Type of investor and amount purchased in State (Part C-Item 2) Disqualificatio State ULOE (attach explana waiver gram (Part E-Iter		cation under OE (if yes, lanation of granted) -Item I)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ	Х		\$150,000,000 in LLC interests	26	\$2,859,921.47	0	\$0		Х
AR									
CA	Х		\$150,000,000 in LLC interests	0	\$0	0	\$0		Х
СО									
СТ									
DE									
DC									
FL									
GA									
ні									
ID .									
IL	Х		\$150,000,000 in LLC interests	1	\$50,000	0	\$ 0		Х
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KS									
KY									
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APPENDIX

1	2 3					4			5		
	non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
МТ											
NE									1		
NV											
NH											
NM											
NY											
NC											
ND											
ОН	Х		\$150,000,000 in LLC interests	0	\$0	0	\$ 0		Х		
OK											
OR	X		\$150,000,000 in LLC interests	1	\$50,000	0	\$ 0		X		
PA											
RI											
SC											
TN											
TX	Х		\$150,000,000 in LLC interests	1	\$50,000	0	\$0		Х		
UT											
VT											
VA											
WA						-					
WV											
WI											
WY											
PR											